



BOYS & GIRLS CLUBS
OF KING COUNTY
WALLINGFORD BRANCH

Membership Information Form

Membership Year 2012-2013

CONFIDENTIALITY: Any confidential information requested is for our records and for the funding our Organization receives. The answer you provide will be kept completely confidential. Please fill out form as completely as possible.

PARENT/GUARDIAN INFORMATION

First Parent/Guardian's Name: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Mobile #: _____ Work #: _____ Home #: _____ Email: _____

Employer: _____ Job Title: _____

Second Parent/Guardian's Name: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Mobile #: _____ Work #: _____ Home #: _____ Email: _____

Employer: _____ Job Title: _____

Family Income:

0-\$25,000 \$25,000-\$41,000 \$41,000-\$60,000 \$60,000+ I prefer not to answer

Assistance Program:

TANF Food Stamps General Assistance SSDI SSI Veterans Compensation
 Day Care Voucher School Lunch Medicare

Household Type:

Extended Family Foster Family Single Parent Two Parent Family Size: _____

CHILD(REN) EMERGENCY CONTACT/AUTHORIZED TO PICK UP (other than parent/guardian or doctor)

Name	Address	Phone	Relation to Child(ren)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Physician Name: _____ Phone: _____

Address: _____

Dentist Name: _____ Phone: _____

Address: _____

Insurance company: _____ Policy Number: _____

Primary Program Attending:

Bagley B.F. Day Burke 45th St. Olympic Hills Sacajawea Skyhawks View Ridge

GREAT FUTURES START HERE

Child's Name: _____ Date of Birth: _____

Authorization for Acceptance

I hereby give my permission for my child to attend Wallingford Boys & Girls Club Child Care Program

Participation

I hereby give permission for my child to participate in all activities and field trips including swimming. I also give permission for my child to travel in vehicles operated by the Boys & Girls Club Staff, the Seattle METRO transit system, private transportation companies, and/or private vehicles

Staff and Teacher Interaction

Please check the box next to the statement which indicates that you do or do not give your consent for the following:

I hereby give my consent for the Boys & Girls Club staff members to have the ability to discuss my child's progress, behavioral concerns, and other issues related to my child with my child's teacher. I understand that I will be notified of any interactions between Boys & Girls Club staff and my child's teacher.

I do not give my consent for the Boys & Girls Club staff members to have the ability to interact with my child's teachers in order to discuss issues related to my child.

Medical and Dental Treatment

I hereby give my permission that my child may be given emergency treatment including First Aid and CPR by a qualified staff member of the Boys & Girls Club. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment.

In the event that I cannot be contacted, I further authorize and consent to the medical, dental, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital selected by the Boys & Girls Club Director when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right to informed consent to such treatment.

Parent/Guardian Signature

Date

Schedule and Fee Agreement

Please initial each agreement:

Initial

1. A yearly membership/insurance fee is required by all children and is payable at the time of registration. _____
2. I agree to pay, on a timely basis, the full fee for the upcoming month or week (in the summer) by the 15th of that month unless a fee payment plan is filed with the site director. _____
3. I understand that all children are required by law to be signed IN and OUT by an authorized adult of at least 18 years of age. _____
4. I understand that all children may not be dropped off before 7 a.m. or picked up after 6:30 p.m (6 p.m. during the summer). In the event of an early/late drop off/pick up an early/late fee of \$1 per minute will be assessed. _____
5. I understand that fees are not refunded or prorated for any absences, illness, and/or vacations. _____
6. I understand that Winter Break, Spring Break, and other non-school days need to be registered for separately. Children registered for school care will have priority, but are not guaranteed a spot. _____
7. I understand that deposits are non-refundable and non-transferable. _____
8. I agree to give a one-month notice of a change or termination of child care with the Wallingford Boys & Girls Club. _____
9. I agree to pay all the required program fees, as well as, any early/late fees. If payments are not made, my child will be suspended from the program. I agree to pay all costs and attorney's fees associated with the collection of such payments. _____
10. I understand that Wallingford Boys & Girls Club closes for "snow days" and will re-open as soon as possible. I understand that the decision to re-open is based on health and safety. _____

Parent/Guardian Signature

Date

GREAT FUTURES START HERE

BECAUSE WE LOVE YOUR KIDS...

We follow the advice of the Seattle-King County Health Department in excluding children with certain symptoms of communicable diseases from attending child care. If your child has any of the following symptoms please keep them home or make appropriate arrangements for their care.

Diarrhea— 3 or more watery stools in a 24 hour period, especially if the child acts or looks ill.

Vomiting—Vomiting 2 or more times within the past 24 hours.

Rash—Body rash, especially with fever or itching. Diaper rash, heat rash, and Allergic reactions are not contagious.

Eyes—this mucus or puss draining from the eye or pink eye.

Appearance or Behavior—unusually pale or tired, lack of appetite, difficult to wake, confused or irritable. This is sufficient reason to exclude a child from group care.

Sore throat—especially with fever or swollen glands in the neck.

Lice, Scabies—Children must return to child care until they are free from nits (eggs).

Fever—Temperature of 101 degrees Fahrenheit or higher AND sore throat, rash, vomiting, diarrhea, ear ache, irritability, or confusion. Fever by itself is usually not a sufficient reason to keep a child out of day care.

Children with minor cold symptoms who do not have any additional symptoms described above **do not need to be excluded from day care**. Chronic green nose discharge, and/or a chronic cough should be seen by a health care provider.

Children with ear infections do not need to be excluded, but the child needs to get medical treatment and a follow up. Untreated ear infections can cause permanent hearing loss.

While we regret any inconvenience this may cause, we need to enforce this policy to protect all the children in our care and our staff from unnecessary exposure to communicable diseases. If you have any questions, please ask us. However, our Director reserves the right to make the final decision.

For more detailed information, consult the Child Care Health Handbook, a publication of the Seattle-King county Department of Public Health (we have a copy). You may also call the Child Care Public Health staff at the Health Department at 206-296-4791 (in Seattle) or 206-296-4920 (in King County outside of Seattle), or the Communicable Disease Control/Epidemiology Office at 206-296-4774.

I have read and agree to comply with the above guidelines.

Parent/Guardian Signature

Date



Childcare Program Family Handbook

Wallingford Boys & Girls Club Childcare Program Parent/Guardian Family Manual Acceptance Form

I, _____, acknowledge receipt of the Boys & Girls Club Manual
Family Parent/Guardian Name

and agree to read and abide by the policies set forth.

Child(ren) Name(s)

Parent/Guardian Signature

Date

The Positive Place for Kids